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The Healing Journey of Farmers after Snakebite: A Qualitative Study from Anuradhapura

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Background: Snakebite disproportionately affects rural, low-income communities, causing significant disabilities. The Anuradhapura district has the highest snakebite incidence, driven by farming activities and habitat overlap.

Objectives: We aimed to explore the challenges, experiences, and perceptions of snakebite victims and their family members of a farming community in Anuradhapura, Sri Lanka.

Method: The study included Sinhala-speaking adult farmers admitted to Teaching Hospital Anuradhapura following snakebites. On-site Semi-structured in-depth interviews were conducted with victims and their first-degree relatives or partners at discharge separately, followed over phone for 6–8 weeks. Consecutive sampling was done until data saturation was achieved. Interviews were audio-recorded, transcribed, translated into English, and analyzed thematically with the involvement of all group members.

Results: Data saturation was achieved after interviewing fourteen snakebite victims, and six key themes were identified. First theme revealed that there was a profound trust in allopathic treatment at government hospitals during the acute phase is influenced by the patient's own experience or that of a known person, the role of the circumstances of the snakebite victim and limitations of traditional healing methods in treating emergencies. That was evident by "I was bitten by a snake previously. At that time, I went to the hospital immediately, and they gave me something through the cannula. I was fully recovered after 3 days, and I was discharged. So this time also, I wanted to go to the nearest hospital " (45-year-old cattle farmer). The second theme was insufficiency of emergency transport, unfamiliar environment, and communication barriers lead to delayed hospital arrival. The third one was that they have general satisfaction with the hospital treatment received at the acute stage. The next one was that participants preferred to seek the opinion from native practitioners about treatment for persistent residual complications and psychological reassurance. The fifth theme was that strong family and community support helped to relieve social and economic issues. The final theme revealed that patients had understood that snakebite is inevitable in their livelihood.

Conclusion: In Anuradhapura, farmers initially depend on allopathic treatment for acute snakebite, but later they seek native treatment for minor local effects and psychological support. It will eventually reduce the long-term hospital burden and enhance patient well-being.

Keywords: Allopathic treatment, Patient journey, Snakebite